PART B - FEE(S) TRANSMITTAL

/	APR 2 5 2005				<u>Mail</u> Fax	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000		
PA	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indications.							
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 27723 7590 02/10/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	KEVIN FARRELL PIERCE ATWOOD ONE NEW HAMPSHIRE AVENUE PORTSMOUTH, NH 03801 /26/2005 MBELETE2 00000013 10611466					I hereby certify that the States Postal Service addressed to the Mai transmitted to the USF	10 (703) 746-4000, on the	ng deposited with the United irst class mail in an envelope s above, or being facsimile date indicated below.
1 (2	26/2005 MBELETE2 0000 FC:2501 FC:1504 FC:8001	700.00 OP 300.00 OP 45.00 OF				Kimberly Hm (0) Hal	A. 0'Brien 13	(Depositor's name) (Signature) (Date)
	APPLICATION NO.				D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/611,468 06/30/2003 Jeffrey L. Strunk AM9192US01 1594 TITLE OF INVENTION: SELF-FILLING FASTENER AND METHOD OF MAKING							
	APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	YES	\$700	\$700		\$300	\$1000	05/10/2005
	EXAMINER		ART UNIT		CI	ASS-SUBCLASS	CLASS	
	MITCHELL, k	3677			411-469000			
	1. Change of correspondenc CFR 1.363). Change of correspon- Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	Correspondence	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								document has been filed for
Khameleon Nails, Inc. Carrabassett, ME								
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity 4a. The following fee(s) are enclosed: Solution Solu								roup entity Government
								credit any overpayment, to copy of this form).
	Authorized Signature	W James	0			Date	Maria	70/15/4
	Typed or printed name	Kevin M. Farre	211			Registration	No. 35,505	-
	771							

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.